

Data Hygiene & Validation

Stay Ahead, Not Behind!

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Agenda

PROACTIVE VS. REACTIVE

ADMIN REVIEW GUIDES

DATA HYGIENE & VALIDATION

MAPPING ADMIN MADE EASY



Proactive vs. Reactive



Data Management

Proactive

- Prevents issues before they happen
- Regularly scheduled data checks
- Automated alerts catch errors early
- Ensures reliable, high-quality data
- Saves time by reducing rework
- Less stress, better efficiency

Reactive

- Fixes issues only after they cause problems
- Inconsistent or last-minute reviews
- Errors go unnoticed until reports are inaccurate
- Increases risk of faulty insights and decisions
- Wastes times fixing avoidable mistakes
- More frustration, higher workload

A proactive approach keeps your data clean, reliable, and efficient—so you can **focus on insights, not fixing problems!**



Admin Review Guides



ADMIN SIMPLE & EFFICIENT

Keep in mind...

1. STAY IN CONTROL

- Quick, routine check-ins keep everything running smoothly
- No guesswork - just follow easy review schedule
- Small updates prevent big headaches later



2. DESIGNED FOR SIMPLICITY

- Clear action steps - update, disable, delete or review
- Frequency is manageable - monthly, quarterly, or annually
- Just a few clicks!



3. WHY IT'S WORTH IT

- Save time by keeping data clean & organized.
- Ensures alerts, reports & dashboards support your goals
- Helps your teams access the right information - when they need it



Admin Review Guide | Monthly & As Needed



Item	Action	Frequency	Why It Matters
Force Match	Review and update matches <i>Payer Enrollment & Care Gaps</i>	Monthly	Keep payer rosters current & improve patient outreach.
Patient Outreach	Review campaigns & performance <i>Azara Patient Outreach</i>	Monthly	Adjust based on campaign effectiveness & staff feedback.
Users	Add, Update, or remove users	Monthly Audit for any staff onboarding or offboarding	Ensure onboarding/offboarding includes Azara access updates. Review user roles & permissions.
Measure Validation	Review Measure Validation Guide for 1 measure	Each Month	Ensure Validation is spread through the year.
Check Mappings -	Look at unmapped items, review current workflows	Easy sweep through each month	Do you have anything unmapped? Or need to enter a support ticket if you have a new workflow?



Admin Review Guide | Quarterly or every 6 mo.



Item	Action	Frequency	Why It Matters
Email Subscriptions	Review, update, disable or delete	Quarterly	Ensure all email reports are relevant & up to date. Remove unnecessary subscriptions.
Providers	Review & update	Quarterly	Keep provider groups current, update UDS Service categories, & ensure new/inactive providers are mapped correctly.
Alerts	Review, update, or disable	Quarterly / every 6 mo.	New alerts aren't enabled by default. Check for updates, ensure alerts align with quality goals, review names & owners.
Dashboards	Review, clean up	Quarterly / every 6 mo.	Remove old/test dashboards, pin relevant ones
Registries	Review, disable or delete	Quarterly / every 6 mo.	Remove outdated/test registries, pin useful ones.
Scorecards	Review, disable or delete	Quarterly / every 6 mo.	Clean up old/test scorecards, pin relevant ones.
Cohorts	Review, update, disable or delete	Every 6 mo.	Remove unused cohorts, check for inclusion in PVP, explore new dynamic cohort options.

Admin Review Guide | Annually



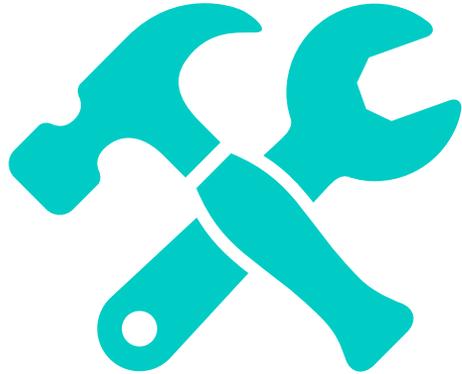
Item	Action	Frequency	Why It Matters
Locations/Location Groups	Review & update	Annually	Ensure newly opened/closed sites are reflected, including school-based/public housing locations.
Targets	Review, update, delete or create new ones	Annually	Remove old targets, label them clearly, & create new ones each year.



Tools To Support Data Validation



DRVS TOOLS FOR DATA VALIDATION



- ✓ EHR Data Latency **Report**
- ✓ F2F Qualifying Encounter CPT Mapping Details **Report**
- ✓ Encounters Missing Charges **Measure**
- ✓ Lab Volume **Dashboard**
- ✓ Questionable Values **Dashboard**
- ✓ “The Model Patient Method” using the CQM **Scorecard**



Data Latency

Data is extracted from EHRs on a **nightly basis**

There is **always a lag time** between when data is input into the EHR and when it is available to view in DRVS

The **greatest impact** is felt on the **Patient Visit Planning Report**

EHR Data Latency 										
REPORT  DATA LATENCY REPORT										
APPOINTMENT		CHARGE		ENCOUNTER		LAB		STRUCTURED CLINICAL DATA (MAINTENANCE)		
	CREATED IN EHR	ENTRY IN DRVS	CREATED IN EHR	ENTRY IN DRVS						
F...	6/4/2022	6/6/2022	5/30/2022	5/31/2022	5/30/2022	5/31/2022	5/31/2022	5/31/2022	5/31/2022	5/31/2022



Data Processing

When is my data reprocessed in DRVS?

Daily / Overnight

- Patient Visit Planning (PVP)
- Care Management Passport (CMP)
- Appointments
- Cohort Changes
- Registries
- Referrals reports
- Transitions of Care ADTs
- Patient Level Data including: DRVS/ACC
 - POC Testing Alert Closure / Weekly Option
 - Labs/Vitals (PVP not the measure)
 - Medications
 - Conditions

Weekly / Over the Weekend

- Clinical Quality Measures
- Scorecards
- UDS Tables
- Dashboards
- 4 Cut Provider Changes



FAQs

- Refer to your Data Latency Report to determine your most recent data pull.
- Data Connectors update nightly but could be 24-48 delayed depending on the EHR – reach out to support for your practice’s specifics.
- Data processing only goes back a few weeks, if your data needs to be reprocessed further back, please place a support ticket (IE: Lag in billing or chart closures).



Mapping Admin | UDS F2F Qualifying Encounters

Do these values still match the visits our practice would consider qualifying vs. non-qualifying?

Mapping Administration ⓘ

MAPPING CATEGORY ⓘ: UDS F2F Qualifying Encounter | CENTER: | TIME PERIOD: Last Year

Mapping Summary

Mapped DRVS Values **2** | DRVS Values with 0 Count **1**

MAPPED DRVS VALUE	DISTINCT COUNT ▾
No	107
Yes	296

1 to 2 of 2 | Page 1 of 1

EHR Mapping Details ⓘ

Yes **296** | All **403**

MAPPED DRVS VALUE ▾	COUNT	SOURCE EHR TEXT
Yes	17,204	99213
Yes	5,680	EST
Yes	5,498	F/U
Yes	5,220	99173
Yes	5,010	92551
Yes	4,881	ANN
Yes	4,532	83036
Yes	3,463	85025

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Commonly Found Issues

99211 mapped as qualifying encounter
(nurse visit)

Procedure codes are not typically qualifying

Encounter types vs CPTs

Missed qualifying encounter codes



New Report! F2F Qualifying Encounter CPT Mapping Details Report

↓ Is the CPT currently qualifying?

↓ Description of CPT code.

SUMMARY			SUMMARY LAST		CPT	
QUALIFY...	RECOMMEND...	ALL TIME COUNT	YEAR COUNT	MONTH COUNT	CODE	DESCRIPTION
N	Y	1020	70	3	90792	Psychiatric diagnostic evaluation with medical services
N	Y	2929	581	45	90834	Psychotherapy, 45 minutes with patient
N	Y	3393	603	38	90837	Psychotherapy, 60 minutes with patient
N	Y	896	136	14	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
N	Y	100	3	0	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services pr
N	Y	734	82	2	G0466	Federally qualified health center (fqhc) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a fqhc practition
N	Y	1508	259	18	G0470	Federally qualified health center (fqhc) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) betwee
N	Y	16067	3016	203	D1120	PROPHYLAXIS-CHILD (Deprecated)
N	Y	15686	1959	136	G0467	Federally qualified health center (fqhc) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a
N	Y	16637	2715	164	D1110	PROPHYLAXIS-ADULT (Deprecated)
N	Y	432	74	4	90791	Psychiatric diagnostic evaluation
N	Y	638	143	8	90832	Psychotherapy, 30 minutes with patient
N	Y	1127	154	17	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

↑ Is the CPT recommended to be qualifying?





Is the CPT currently qualifying?



Description of CPT code.

SUMMARY			SUMMARY LAST		CPT	
QUALIFYL_ ▾	RECOMMEND... ▾	ALL TIME COUNT	YEAR COUNT	MONTH COUNT	CO... ▾	DESCRIPTION
Y	N	49	4	0	69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL
Y	N	2003	47	10	90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE
Y	N	348	20	7	90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL
Y	N	61	19	6	90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSCULAR USE
Y	N	366	11	2	90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
Y	N	45	5	0	90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL USE
Y	N	52	1	0	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
Y	N	24	4	1	90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR
Y	N	295	17	1	90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR
Y	N	114	2	1	90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS INJECTION
Y	N	61	16	6	90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
Y	N	227	18	1	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT
Y	N	375	14	1	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR
Y	N	500	4	0	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE
Y	N	1075	425	17	99999	



Is the CPT recommended to be qualifying?



Encounters Missing Charges

- Impacts both **measure denominators** and **revenue**.
- Run for a period in the past to allow time for charges to be added to encounters.
- Not everything needs or should have a charge code – identify outliers.

The screenshot displays a dashboard for the measure 'Encounters Missing Charges'. The top navigation bar includes a filter icon, a list icon, and a pin icon. Below the title, there are three dropdown menus: 'PERIOD' set to 'August 2023', 'RENDERING PROVIDERS' set to 'All Rendering Provid...', and 'SERVICE LINES' set to 'Primary Care'. To the right, there are buttons for '+ Add Filter', a funnel icon, and 'Update'.

A summary card on the left shows a red flag icon and the text 'Red Flags: Measure is at 0%-means some patient interactions unmapped'. Below this, the current result is '3.70%' with a '1.50%' increase indicated by a red arrow. The period is 'Aug 22' and the count is '340 / 9,193'. A 'TARGET' button and a 'Create Target' button are at the bottom.

The 'DETAIL LIST' table on the right shows the following data:

ENCOUNTER TYPE	RESULT	CHANGE	NUM ↑	DENOM
Office Visit	3%	+ 1.7% ▲	123	
Nurse Visit	19%	+ 11.7% ▲	48	
Virtual Visit Telephone	5%	+ 0.4% ▲	47	
Well child	1%	+ 0.3% ▲	25	
Care Management	100%	0%	21	
*Well Child Check 1	100%	+ 100% ▲	10	
*Telephone Call Visit	100%	0%	8	

Data Health | Lab Volume

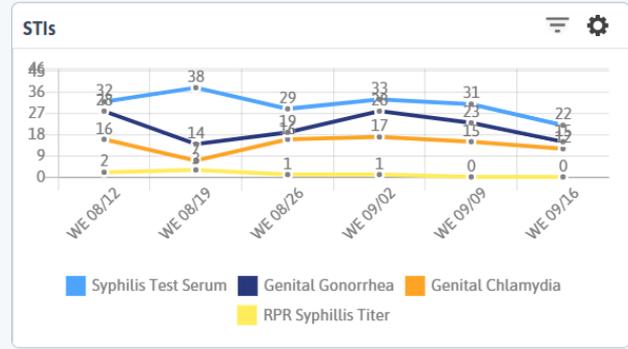
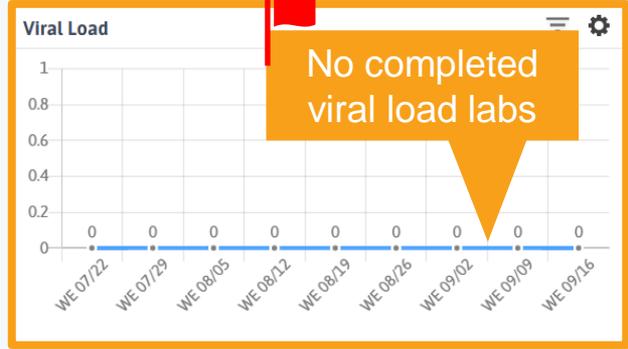
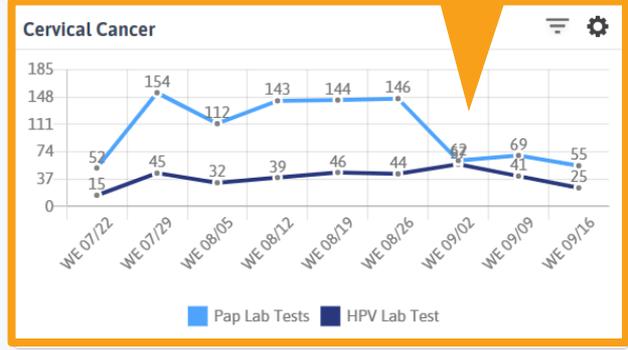
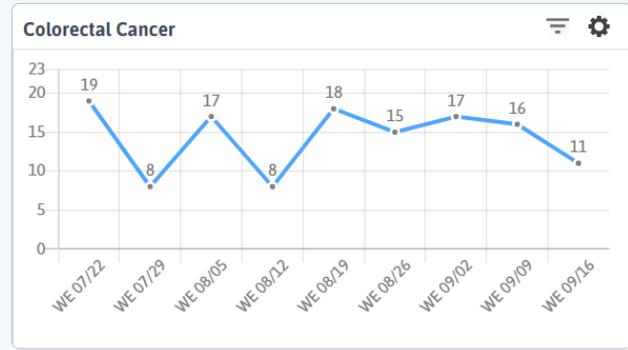
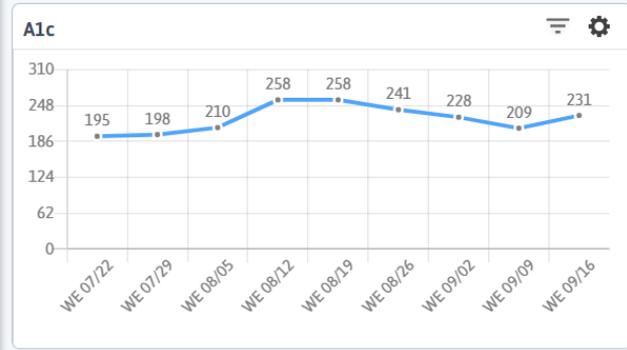
*set up as email subscription to yourself!

Data Health - Lab Volume ⓘ
DASHBOARD

Investigate significant drops and trends with 0's

Significant drop in Paps.

PERIOD: WE 09/10/23 - 09/16/23
RENDERING PROVIDERS: All Rendering Provid...



Data Health | Questionable Values

Data Health - Questionable Values DASHBOARD

PERIOD: 2025 | CENTERS: All Centers | RENDERING PROVIDERS: All Rendering Provid...

Click to assess – erroneous entry or missing value?

FILTER | **Add Filter** | **Update**

Category	Count	Description
Patient > 120 Years Old	34	Patient with a questionable birthdate
A1c < 4 or > 16	193	Questionable A1C lab results
BMI < 9 or > 99	136	Questionable BMI entries
PHQ2 < 0 or > 6	289	Questionable PHQ-2 results
Birth Weight < 1000g or > 6000g	27	Questionable Birth Weights
LDL Result < 20 or > 300	259	Questionable LDL lab results
BMI Percentile < 0 or > 100	173	Questionable BMI Percentile entries
PHQ9 < 0 or > 27	51	Questionable PHQ-9 results
BP-S < 40 or > 300, BP-D < 20 or > 200	518	Questionable BP entries
Tobacco Status Not 'Y', 'N' or 'R'	56	Questionable Tobacco Status results



Use CQMs – Care Gaps For Validation

Identify missing mappings using a CQM Gap Analysis

Helpful for identifying scanned medical or hospital records not broken out



GAP	
COUNT	DESCRIPTION
8	Adult BMI/FU, Depr Scrn, Tobacco Scrn, Colo, Pap HPV, HTN BP, DM A1C, HIV Scrn
8	Depr Scrn, Tobacco Scrn, Colo, Pap HPV, Mammo, HTN BP, DM A1C, HIV Scrn
8	Adult BMI/FU, Depr Scrn, Tobacco Scrn, Colo, Pap HPV, Mammo, CVD Statin, HIV Scrn
8	Adult BMI/FU, Depr Scrn, Tobacco Scrn, Colo, Pap HPV, Mammo, DM A1C, HIV Scrn
8	Adult BMI/FU, Depr Scrn, Colo, Pap HPV, Mammo, HTN BP, DM A1C, HIV Scrn



Validate Using Model Patients

- Who are Model Patients?
 - Patients with one care gap
- Why Use Model Patients?
 - ✓ Good for finding workflow issues and opportunities for training.
 - ✓ Especially good when it is something that is done in house
- Best Patients to Validate
 - Sex at birth = Female
 - Age = ≥ 50

These patients are eligible for all 3 cancer screening measures.



Filter to Model Patients

1. Navigate to **+ Care Gaps** tab of scorecard.
2. Open demographics and filter Sex at Birth to *F* and Age to *Greater than or equal to 50*.
3. Filter Gap Count to *Equals 1* and Gap Description to the measure of focus.
4. Investigate patients and their data in the EHR.

UDS 2023 CQMs REPORT FILTER 1

FILTERS: TY August 2023

REPORT + CARE GAPS

Search ... GAPS Gaps Present All Has Appt No Appt Reset Columns SAVED COLUMNS

DEMOGRAPHICS <		DEMOGRAPHICS <		GAP		MEASURES	
NAME	MRN	SEX AT BIRTH ▾	AGE ▾	COU... ▾	DESCRIPTION ▾	COLORECTAL CANCER SCREENING (CMS130V11)	CERVICAL CANCER SCRE
Reiland, Kirby	1101927	F	53	1	Colo	gap	
Summerhays, Virgie	1104893	F	53	1	Colo	gap	

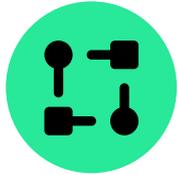
Demo data

Simplifying Mapping Administration

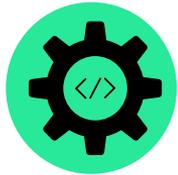
Say goodbye to mapping headaches



What is Mapping Admin



Offers insight into the “back-end” part of DRVS and improves transparency.



Empowers organizations to review their mapping and make adjustments based on workflow changes.



Available to view by all users, updates made by DRVS Admin only.



Categorize Your Mappings

Visit Information

Impacts UDS tables (table 5 most importantly) and measures/filters throughout DRVS

Patient Characteristics

Impacts UDS table 3, 4, and 7 and filters/grouping throughout DRVS

Clinical Services

Impacts UDS table 6a, 6b, and 7 and alerts/measures/RDEs throughout DRVS

Referrals

	MAPPING CATEGORY	UNMAPPED EHR VALUES
ⓘ	Appointment Status	0
ⓘ	Billable Encounter	0
ⓘ	Ethnicity	0
ⓘ	Gender Identity	0
ⓘ	Homelessness Status	0
ⓘ	Immunizations	0
ⓘ	Lab Results	0
ⓘ	Language	0
ⓘ	Mierant Status	0
ⓘ	Patient Interaction	0
ⓘ	Prenatal Visit	0
ⓘ	Provider Order Priority	0
ⓘ	Provider Order Type	0
ⓘ	Provider Specialty	0
ⓘ	Provider Type	0
ⓘ	Race	0
ⓘ	Refugee Status	0
ⓘ	Service Line	0
ⓘ	Sexual Orientation	0
ⓘ	Structured Clinical Data	0
ⓘ	Telehealth Encounter	0
ⓘ	UDS F2F Qualifying Encounter	0
ⓘ	UDS Financial Class	0
ⓘ	UDS Service Category	0
ⓘ	Veteran Status	0



Mapping Admin | The Basics

Mapping Administration ⓘ

MAPPING CATEGORY ⓘ
Structured Clinical Data

Select the Mapping Category you are investigating, or that requires attention

Mapping Summary

Mapped DRVS Values 54

DRVS Values with 0 Count 448

MAPPED DRVS VALUE	DISTINCT COUNT
Unmapped	52
Adverse Child Event...	1
All First Molars Non...	1
Archive	38
AUDIT	1

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EHR Mapping Details ⓘ

Unmapped 52 All 325

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Unmapped	1,787	QM Uniform Data Syst...
Unmapped	1,390	Screens PRAPARE
Unmapped	1,301	QM MIPS - Quality Progr...
Unmapped	815	Patient Assertion ASCVD...
Unmapped	158	CLINICALDOCUMENT O...
Unmapped	125	Patient Assertion DAYA...

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Mapping Admin | The Basics

Mapping Administration

MAPPING CATEGORY: Structured Clinical Data

CENTER: []

Mapping Summary: Mapped DRVS Values (54) | DRVS Values with Count (448)

52 | All 325

Values that have been pulled from your EHR that are categorized into, or need to be categorized into, DRVS' buckets.

MAPPED DRVS VALUE	DISTINCT COUNT
Unmapped	52
Adverse Child Event...	1
All First Molars Non...	1
Archive	38
AUDIT	1

Unmapped	1,390	Screens PRAPARE
Unmapped	1,301	QM MIPS - Quality Progr...
Unmapped	815	Patient Assertion ASCVD...
Unmapped	158	CLINICALDOCUMENT O...
Unmapped	125	Patient Assertion DAYA...

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Mapping Admin | The Basics

Mapping Administration

MAPPING CATEGORY

Structured Clinical Data

CENTER

Mapping Summary

Mapped DRVS Values

54

DRVS Values with 0

Count 448

	MAPPED DRVS VALUE	DISTINCT COUNT	
i	Aberrant Behavior C...		0
i	Abnormal Involunta...		0
i	ADHD Self Manage...		0
i	Adherence To Treat...		0
i	ADL Independent		0

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Buckets that DRVS has available, that do not currently have EHR values mapped.

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Unmapped	1,787	QM Uniform Data Syste...
Unmapped	1,390	Screens PRAPARE
Unmapped	1,301	QM MIPS - Quality Progr...
Unmapped	815	Patient Assertion ASCVD...
Unmapped	158	CLINICALDOCUMENT O...
Unmapped	125	Patient Assertion DAYA...

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Mapping Admin | The Basics

What is selected on the lefthand side of your screen will be displayed on the righthand side

MAPPING CATEGORY *i* Structured Clinical Data CENTER TIME PERIOD Last Year

Mapping Summary

Mapped DRVS Values **54** DRVS Values with 0 Count **448**

	MAPPED DRVS VALUE	DISTINCT COUNT	
<i>i</i>	Unmapped	52	
<i>i</i>	Adverse Child Event...	1	
<i>i</i>	All First Molars Non...	1	
<i>i</i>	Archive	38	
<i>i</i>	AUDIT	1	

1 to 5 of 54 Page 1 of 11

EHR Mapping Details *i*

Unmapped **52** All **325**

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Unmapped	1,787	QM Uniform Data Syste...
Unmapped	1,390	Screens PRAPARE
Unmapped	1,301	QM MIPS - Quality Progr...
Unmapped	815	Patient Assertion ASCVD...
Unmapped	158	CLINICALDOCUMENT O...
Unmapped	125	Patient Assertion DAYA...

1 to 6 of 52 Page 1 of 9



Mapping Admin | The Basics

Mapping Summary

Mapped DRVS Values **54** | DRVS Values with 0 Count **448**

	MAPPED DRVS VALUE	DISTINCT COUNT
	Unmapped	52
	Adverse Child Event...	1
	All First Molars Non...	1
	Archive	38
	AUDIT	1

1 to 5 of 54 | Page 1 of 11

Buckets DRVS has available to sort raw data from EHR into

Number of locations throughout the EHR that this information is documented (distinct sources of raw EHR data)



Mapping Admin | The Basics

EHR Mapping Details ⓘ

Unmapped 52 All 325

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Unmapped	1,787	QM Uniform Data Syste...
Unmapped	1,390	Screens PRAPARE
Unmapped	1,301	QM MIPS - Quality Progr...
Unmapped	815	Patient Assertion ASCVD...
Unmapped	158	CLINICALDOCUMENT O...
Unmapped	125	Patient Assertion DAYA...

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Number of patient examples this raw EHR value is being pulled from

The raw data being pulled from the EHR, indicating what the value is

Mapped DRVS values refers to the DRVS "bucket" we are looking at



Mapping Admin | Maintenance Approach

- 1 Visit mapping categories with Unmapped values
- 2 Review Unmapped data
- 3 Archive values that aren't valuable to practice
- 4 Map values that have an associated DRVS bucket

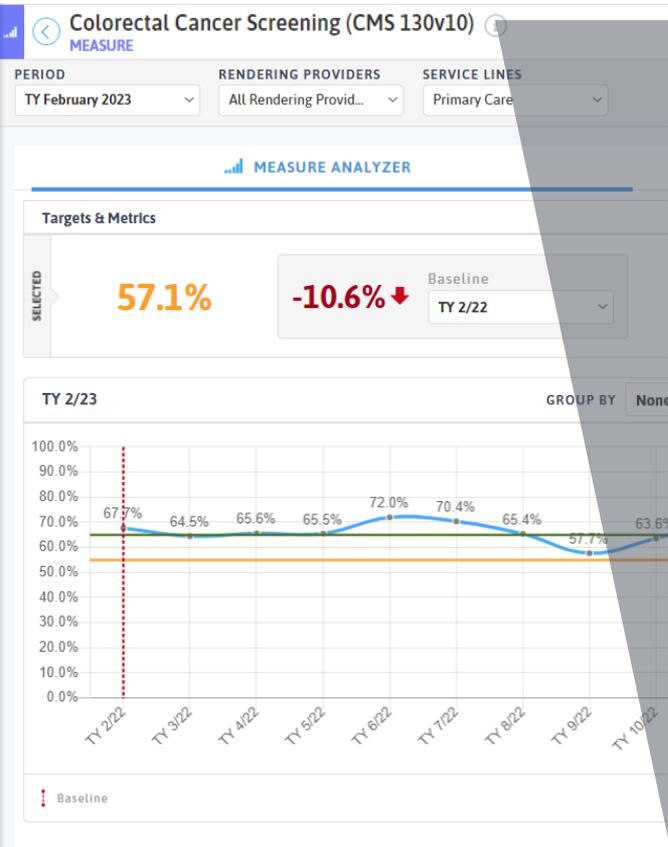


Mapping Admin | Validation Approach

- 1 Understand measure definition
- 2 Evaluate trends in data
- 3 Try to identify incorrectly non-compliant patient examples
- 4 Review values that *are* mapped
- 5 Explore whether values are living in unmapped folder
- 6 Reach out to support to map unmapped workflows



Step 1 | Understand Your Measure



Colorectal Cancer Screening (CMS 130v12)

Endorser: None
Steward: NCQA

Adults 45-75 years of age who had appropriate screening for colorectal cancer.

Numerator:

Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal Occult Blood test (FOBT) or FIT result during the measurement period
OR
- Stool DNA (sDNA) with FIT-DNA test during the measurement period or the 2 years prior to the measurement period
OR
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
OR
- CT Colonography during the measurement period or the 4 years prior to the measurement period
OR
- Colonoscopy during the measurement period or the 9 years prior to the measurement period

*Do not count digital rectal exam or FOBT tests performed in an office setting or performed on a sample collected via digital rectal exam.

Denominator:

Patients 46-75 years of age with a visit during the measurement period.

- Age ≥ 46 and < 76 by the end of the measurement period
- Measure qualifying visit during the measurement period (see value set tab and technical specifications for qualifying visit codes)

Exclusions:

- Diagnosis of Malignant Neoplasm of Colon
- Total Colectomy
- Hospice Care for any part of the measurement period
- Age ≥ 66 by the end of the measurement period, AND the following:

FILTER [X] [Filter] [Update]

Processed 2/9/2023

Center Average	Network Average	Best Center
[Blue Bar]	[Green Bar]	[Orange Bar]



Step 1 | Understand Your Measure

Colorectal Cancer Screening (CMS 130v10) MEASURE

PERIOD: TY March 2023 | RENDERING PROVIDERS: All Rendering Provid... | SERVICE LINES: Primary Care

+ Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Value Sets ...

All | Num | Denom | Excl

NUM	DEN	EXCL	CATEGORY	VALUE SET	CODE SYSTEM	DESCRIPTION
N	N	Y	Procedure	Colectomy	Structured Clinical Data	Approx. date total colectomy was performed. Do not include hemicolectomies.
Y			Procedure	Colonoscopy	Structured Clinical Data	Screening test for colorectal cancer, performed every 10 years. Documented as an order and/or preventive screening. Must include a completed date. Actual report or confirmation of results strongly preferred (over patient report). Result should be captured.
Y			Procedure	CT Colonography	Structured Clinical Data	Computed tomographic (CT) colonography, screening, including image postprocessing
N	N	Y	Encounter	Hospice Care (Maint & Addl)	Structured Clinical Data	Identification that the patient is receiving hospice care. This can be mapped from an order or referral for hospice care in the ambulatory, office visit, setting. It can also c

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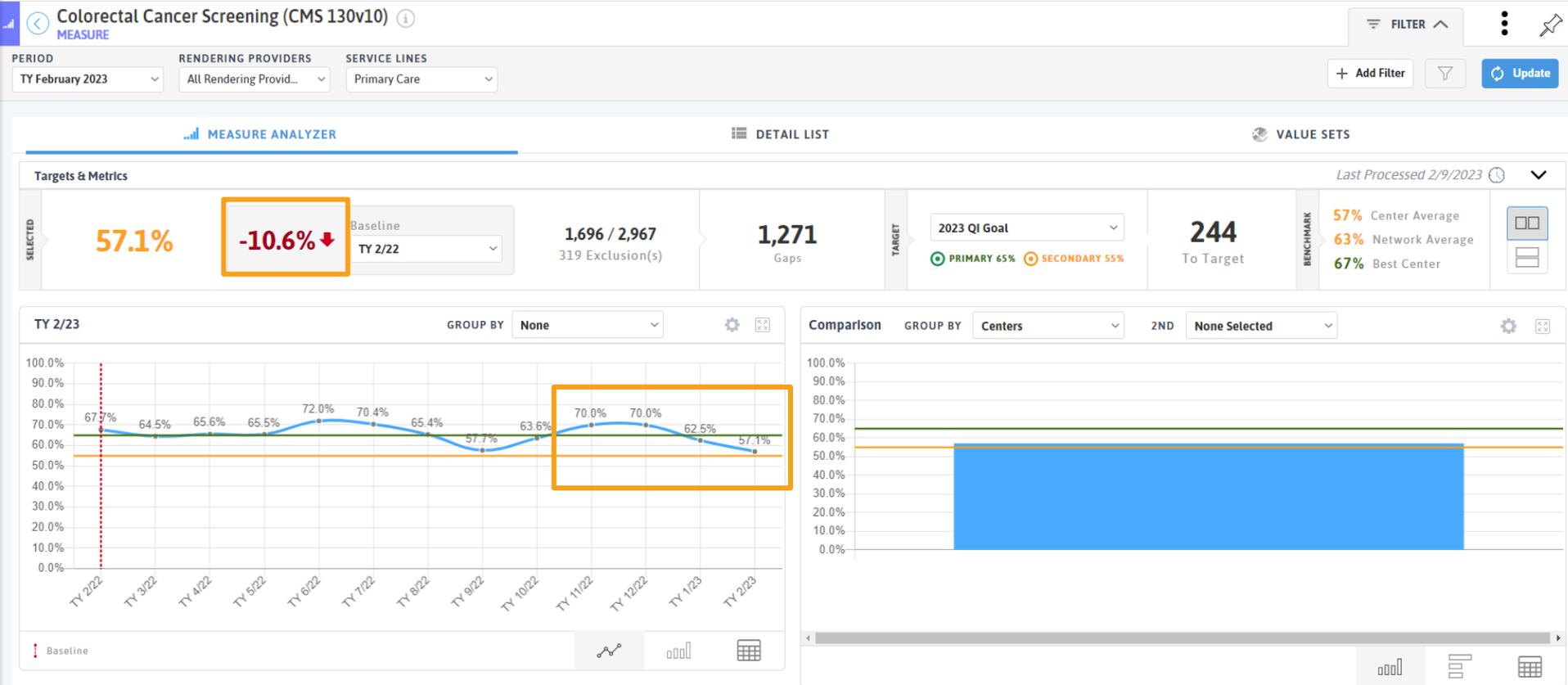
Structured Clinical Data:

- Colonoscopy
- Sigmoidoscopy
- Colonography
- Colectomy

Search...

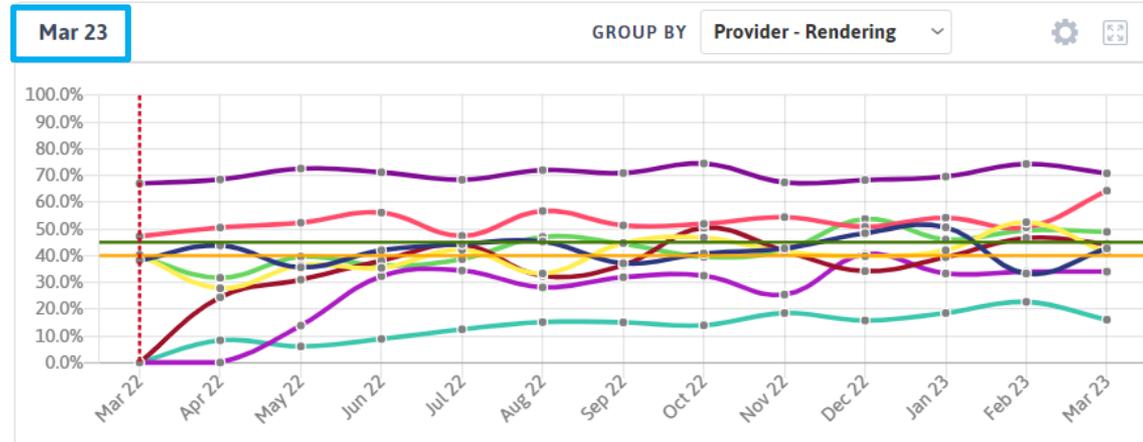
- HCPCS
- ICD-10-CM
- LOINC
- RxNorm
- SNOMED-CT
- Structured Clinical Data

Step 2 | Evaluate Measure Trends

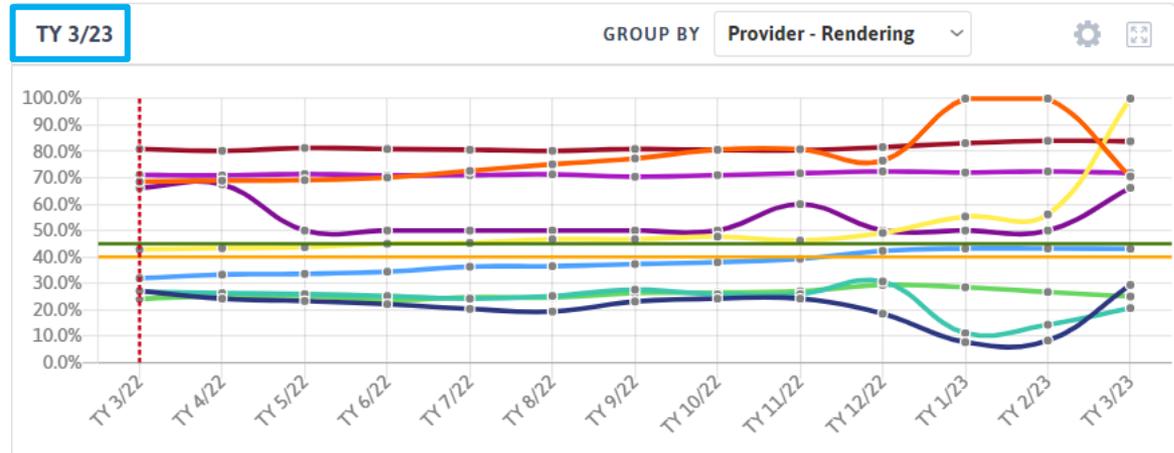


Step 2 | Evaluate Measure Trends

Month data shows changes more readily.



Trailing Year and Calendar Year smooth out the data.



Step 3 | Identify Incorrectly Non-Compliant Patients

Who are Model Patients?

- Patients with one care gap

Why Use Model Patients?

- Good for finding workflow issues and opportunities for training
- Especially good when it is something that is done in house

Best Patients to Validate

- Sex at birth = Female
- Age = ≥ 50



Step 4 | Identify What *is* Mapped

Mapping Administration ⓘ

MAPPING CATEGORY: All | CENTER: | TIME PERIOD: Last Year

Frequently Used | Requires Action | All

	MAPPING CATEGORY	UNMAPPED EHR VALUES
ⓘ	Ethnicity	0
ⓘ	Gender Identity	0
ⓘ	Homelessness Status	0
ⓘ	Immunizations	0
ⓘ	Lab Results	0
ⓘ	Language	0
ⓘ	Migrant Status	0
ⓘ	Race	0
ⓘ	Service Line	6
ⓘ	Sexual Orientation	0
ⓘ	Structured Clinical Data	257
ⓘ	Telehealth Encounter	43
ⓘ	UDS F2F Qualifying Encounter	0
ⓘ	UDS Financial Class	9
ⓘ	UDS Service Category	1
ⓘ	Veteran Status	0



Step 4 | Identify What *is* Mapped

MAPPING CATEGORY: Structured Clinical Data
 CENTER: [Dropdown]
 TIME PERIOD: Last Year

Mapping Summary Mapped DRVS Values 51 DRVS Values with 0 Count 451

MAPPED DRVS VALUE	COUNT
Unmapped	257
Archive	190
AUDIT-C	1
BMI Follow-Up Plan	3
CABG	3
CAGE-AID	1
Care Summary	1
Carotid Artery Surgery	1
Clinical Summary	1
Colectomy	1
Colonoscopy	16
Depression Follow-Up	14
DEXA Scan	5
Do Not Load	1
EKG	2
Electronic Access	3
Electronic Access Login	1
EPDS	1
Eye Exam	2

col

- (Select All)
- Colectomy
- Colonoscopy

EHR Mapping Details Selected 0 All 694

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Care Summary	122,772	Clinical Summary LETTER_PATIENTCARESUMM...
Patient Education	81,428	Document Patient Education
Med Reconciliation	62,114	Med rec
Smoking Status	33,510	Social History Smoking Status
Clinical Summary	18,831	Care Summary LETTER_SUMMARYCARERECORD
Unmapped	17,258	Document Outbound Transition of Care
Outbound Transition of Care	13,015	Outbound Transition of Care Consult Order
Household Size PRAPARE	12,989	Family Size
Electronic Access	11,037	Patient Audit Electronic Access PORTALACCESS...
Household Income PRAPARE	10,919	Income
UDS Homelessness Status	9,921	Patient Audit Homelessness Status
PHQ-9 Depression Screen	9,242	Screens PHQ9
GAD-7	7,753	Screens GAD-7
Family Hx	6,013	Family History
Archive	5,891	Social History Do you or have you ever smoked t...
PHQ-2 Depression Screen	5,537	Screens PHQ2
Archive	5,433	Social History Do you or have you ever used any ...
Electronic Access	5,154	Patient Audit Electronic Access PORTALTERMS...
Nutritional/Physical Activity Counseling	5,133	PATIENTINFO LEARNING ABOUT HEALTHY WEIG...



Does this capture *all* my workflows?

Mapping Summary Mapped DRVS Values 51 DRVS Values with 0 Count 451

	MAPPED DRVS VALUE ▾	DISTINCT COUNT ▾
ⓘ	Colectomy	1
ⓘ	Colonoscopy	16

EHR Mapping Details ⓘ

Colonoscopy 16 All 694

	MAPPED DRVS VALUE ▾	COUNT	SOURCE EHR TEXT
	Colonoscopy	90	PROC/SURG Document COLONOSCOPY PROCED...
	Colonoscopy	80	Completed REFERRAL COLONOSCOPY REFERRAL
	Colonoscopy	65	Patient Surgery Colonoscopy
	Colonoscopy	22	PROC/SURG Document COLONOSCOPY (SURG)
	Colonoscopy	18	PROC/SURG Document COLONOSCOPY SCREEN...
	Colonoscopy	16	CLINICALDOCUMENT OTHER COLONOSCOPY ...
	Colonoscopy	7	Closed IMAGINGRESULT Document COLONOSC...
	Colonoscopy	6	PROC/SURG Document UPPER ENDOSCOPY (EG...
	Colonoscopy	3	Closed IMAGINGRESULT Document COLONOSC...
	Colonoscopy	3	PROC/SURG Document COLONOSCOPY WITH BL...
	Colonoscopy	3	CLINICALDOCUMENT OTHER COLONOSCOPY L...
	Colonoscopy	2	PROC/SURG Document UPPER ENDOSCOPY (EG...
	Colonoscopy	1	PROC/SURG Document COLONOSCOPY, WITH BL...
	Colonoscopy	1	PROC/SURG Document DIAGNOSTIC COLONOS...
	Colonoscopy	1	Closed IMAGINGRESULT Document COLONOSC...
	Colonoscopy	1	PROC/SURG Document COLONOSCOPY, WITH E...



Step 5 | Identify What *isn't* Mapped

Mapping Summary Mapped DRVS Values 51 DRVS Values with 0 Count 451

MAPPED DRVS VALUE	DISTINCT COUNT
Unmapped	257
Archive	190
AUDIT-C	1
BMI Follow-Up Plan	3
CABG	3
CAGE-AID	1
Care Summary	1
Carotid Artery Surgery	1
Clinical Summary	1
Colectomy	1
Colonoscopy	16
Depression Follow-Up	14
DEXA Scan	5
Do Not Load	1
EKG	2
Electronic Access	3
Electronic Access Login	1
EPDS	1
Eye Exam	2

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EHR Mapping Details

Unmapped 257 All 694

MAPPED DRVS VALUE	COUNT	SOURCE EHR
Unmapped	17,258	Document Ou
Unmapped	4,041	Social History
Unmapped	3,007	PRAPARE Char
Unmapped	2,094	Social History
Unmapped	1,568	PATIENTINFO
Unmapped	1,499	PATIENTINFO
Unmapped	1,377	Completed REF
Unmapped	1,215	PATIENTINFO TYPE 2 DIABETES: CARE INSTRUCT...
Unmapped	1,161	PATIENTINFO APRENDA SOBRE LA PRESIÓN ART...
Unmapped	1,158	PATIENTINFO ÍNDICE DE MASA CORPORAL: INST...
Unmapped	1,088	PATIENTINFO LEARNING ABOUT HIGH BLOOD P...
Unmapped	792	Completed REFERRAL PODIATRIST REFERRAL
Unmapped	761	Electronic Access Welcome to the Union Commu...
Unmapped	741	PATIENTINFO PRESIÓN ARTERIAL ALTA: INSTRU...
Unmapped	653	ORDER NUTRITIONIST/DIETITIAN REFERRAL
Unmapped	628	ORDER PSYCHIATRIST REFERRAL
Unmapped	466	ORDER DIABETIC FOOT EXAM*
Unmapped	462	LABRESULT OTHER DIABETIC FOOT EXAM*
Unmapped	446	PATIENTINFO VISITA DE CONTROL PARA NIÑOS ...

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colo

- (Select All)
- Completed Order | COLONOSCOPY
- Completed Order | COLONOSCOPY A
- Completed Order | COLONOSCOPY V
- Completed Order | Colon ca scrn not
- Patient Images | Colonoscopy



Step 5 | Identify What *isn't* Mapped

Mapping Summary

Mapped DRVS Values **51**

DRVS Values with 0 Count **451**

	MAPPED DRVS VALUE	DISTINCT COUNT ▾
	Unmapped	257
	Archive	190
	AUDIT-C	1
	BMI Follow-Up Plan	3
	CABG	3
	CAGE-AID	1
	Care Summary	1
	Carotid Artery Surgery	1
	Clinical Summary	1
	Colectomy	1
	Colonoscopy	16
	Depression Follow-Up	14
	DEXA Scan	5
	Do Not Load	1
	EKG	2
	Electronic Access	3
	Electronic Access Login	1
	EPDS	1
	Eye Exam	2

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EHR Mapping Details

Unmapped **257**

All **694**

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT ▾
Colonoscopy	32	Patient Images Colonoscopy
Colonoscopy	189	Completed Order COLONOSCOPY
Colonoscopy	59	Completed Order COLONOSCOPY AND BIOPSY
Colonoscopy	87	Completed Order COLONOSCOPY WITH BIOPSY
Colonoscopy	3	Completed Order Colon ca scrn not hi risk ind

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Step 5 | Map Your Values

EHR Mapping Details ⓘ

Unmapped 257

All 208

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT ▾
Colonoscopy 	32	Patient Images Colonoscopy
Colonoscopy	189	Completed Order COLONOSCOPY
Colonoscopy	59	Completed Order COLONOSCOPY AND BIOPSY
Colonoscopy	87	Completed Order COLONOSCOPY WITH BIOPSY
Colonoscopy	3	Completed Order Colon ca scrn not hi rsk ind



Step 5 | Map Your Values

EHR Mapping Details ⓘ

Unmapped 257

All 208

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT ▾
Colonoscopy	32	Patient Images Colonoscopy
colonos	189	Completed Order COLONOSCOPY
Colonoscopy	59	Completed Order COLONOSCOPY AND BIOPSY
Colonoscopy Due Date	87	Completed Order COLONOSCOPY WITH BIOPSY
Colonoscopy Referral	3	Completed Order Colon ca scrn not hi risk ind

Repeat this process with **Sigmoidoscopy**, **Colonography**, and **Colectomy**



Step 6 | Connect with Support Team

Send patient examples who are compliant in your EHR, but not-compliant in DRVS.



View-Only Mapping Values



Immunizations



Lab results



UDS F2F Qualifying Encounters



New Lab Mapping Visibility

Mapping Admin

- Review **unmapped labs** that are **being used** within your organization.
- Focus on labs that could **affect CQMs**, (i.e.Cologuard, FIT DNA, Cervical & HPV, or module specific measures). Not all labs need to be mapped.
- Organizations must submit a **support ticket** for lab mapping.

The screenshot displays the 'Mapping Administration' interface. At the top, a dropdown menu for 'MAPPING CATEGORY' is open, showing 'Lab Results' as the selected option. Below this, a table lists various mapping categories. The main interface includes filters for 'MAPPING CATEGORY' (set to 'Lab Results'), 'CENTER', 'TIME PERIOD' (set to 'All Time'), and 'MAPPED LAB RESULTS' (set to 'All'). The table below shows a list of unmapped lab results with columns for EHR Lab Type, EHR CPT Code, EHR LOINC Code, Mapped LOINC Code, Mapped LOINC Description, and Count.

EHR LAB TYPE ▾ ↓	EHR CPT CODE	EHR LOINC CODE	MAPPED LOINC CODE ▾	MAPPED LOINC DESCRIPTION	COUNT
Scanned Document Hep C Results Hep C Results	Unknown	Unknown	Unmapped	Unmapped	297
Scanned Document Chlamydia Results Chlamydia Results	Unknown	Unknown	Unmapped	Unmapped	83
Lab Result THINPREP TIS PAP AND HPV mRNA E6/E7 COMMENT:	Unknown	Unknown	Unmapped	Unmapped	66



Ongoing Maintenance

Be mindful of changes to practice operations and how this might **impact mapping**



New providers & locations



New lines of service



Changes in the lab



New codes



Wrap Up



Key Points to Success



Organize your measures



Create validation calendar and monthly checklist for data hygiene



Engage providers and staff in continuous education



Monthly reviews of Mapping Administration, Data Health Dashboards, and Scorecards



Standardize workflows and documentation



Utilize “Deep Dive Approach” for validating measures and investigating discrepancies



Share successes with the team

Quality Improvement will *not* be successful if you don't have the systems in place to make it so.



DRVS Validation Resources

Measure Validation Guides

DRVS MEASURE VALIDATION GUIDE

azara
healthcare

BMI Screening and Follow-Up 18+ Years

1. Review Mappings in Mapping Administration
 - a. Structured Clinical Data Items:
 - BMI Follow-Up Plan
 - FACIT Palliative Care Questionnaire
 - Height Or Weight Refused
 - Medical Reason BMI Not Done
 - Nutritional Counseling
 - Nutritional/Physical Activity Counseling
 - Palliative Care Services
 - Physical Activity Counseling
 - Weight Gain Contraindicated
 - Weight Reduction Contraindicated
 - Unmapped

MAPPING CATEGORY	CENTER	TIME PERIOD
Behavioral Observation		Last Year
Mapping Summary		
SELECTED DATA VALUE	SELECTED CENTER	BMI Mapping Details
Physical Activity Counseling	4	Physical Activity Counseling 26,278 Exercise
Nutritional Counseling	4	Physical Activity Counseling 300 Activity or Inactive
		Physical Activity Counseling 200 Ask weight
		Physical Activity Counseling 143 untracked

- b. Does the practice have the Referral Management Module? If so, is the following **provider order type** mapped:
 - Bariatric Surgery
 - Dietician
 - Nutritionist
 - Hospice Care
 - Palliative Care Services
 - Weight Loss Program

2. Explore trends in the Measure Analyzer
 - a. Change the period type from Trailing Year (TY) to month to more readily see changes in trends.
 - b. Filter to medical providers
 - c. Is there a spike or dip?
 - If so, is it explainable (i.e., new workflow, outreach campaigns, staff turnover)? Looks at numerator, denominator and exclusions for significant variations. Click on the gear icon on the trendline chart and select "Edit Config" to toggle between displaying numerator.

azi
hea

Structured Mapping Guides

azara
healthcare

How to Map Structured Clinical Data - Colon Related Mappings

By Lori Lynes, Director of Data Quality

DRVS has 7 Structured Clinical Data Items available in Mapping Admin that are used in the colorectal cancer screening measures and alert. They fall into 3 categories – surgical history, screenings and other colorectal mappings. They are:

Surgical History

- Colectomy

Screenings

- Colonoscopy
- CT Colonography
- Sigmoidoscopy

Other Colorectal Mappings

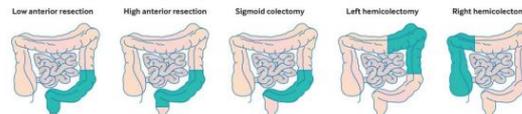
- Colorectal Cancer Screening Refusal Reason
- Colonoscopy Due Date
- Colonoscopy Referral



The following section provides descriptions of each of the above items and example mappings from DRVS users.

Surgical History

- **Colectomy** is used as an exclusion for the colorectal cancer screening alert and measures. There are many types of colectomies. Only colectomies that remove the entire colon may be mapped. In the diagram below, the only two that would count as an exclusion are total proctocolectomy and total abdominal colectomy. All other types should be mapped to archive. Mappings typically come from surgical history. The problem list is the ideal place to record colectomies.



Questions?

